

CITY OF WOODSTOCK

Work Permit Application for Massage Establishments

City Use: Received _____ License No. _____

Important Information:

1. A work permit is required for any person desiring to engage in the business, trade, or profession of giving massages at a massage/spa establishment, not possessing a state-issued massage therapist's license who is exempt from having a state license under O.C.G.A. Sec. 43-24A-19 (such as a person who restricts his or her practice to the manipulation of the soft tissue of the human body to hands, feet, or ears who does not have the client disrobe and does not hold himself or herself out as a massage therapist).
2. A work permit does not authorize an individual to perform any activity requiring a state license.
3. The applicant must be fingerprinted at Cherokee County and a criminal history will be run. Please ask the City of Woodstock clerk for a fingerprint letter.
4. The work permit, if approved, shall be posted in a conspicuous place in the establishment.

Application Instructions:

- ☐ Please fill out the application completely.
- ☐ Attach a copy of state issued identification for the applicant.

Business Information

Business Name: _____

Business Street Address: _____ City: Woodstock Zip: _____

Applicant Information

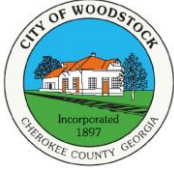
Name: _____

Address: _____

Phone Number: _____ Email: _____

List all criminal convictions other than misdemeanor traffic violations, including the date of the conviction, the nature of the crimes, and the place convicted: _____

Definition of Services to be Provided: _____



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Oath

I, _____ hereby certify that the statements herein are true and correct, and authorize the City of Woodstock, its agents and employees to seek information and conduct an investigation into the truth of the statements set forth in this application. I further certify that I have read the Massage Establishment ordinance in the City of Woodstock Code of Ordinances.

Signature

Date

OFFICE USE ONLY

Massage Work Permit Sign-Off

Massage Business Name: _____ BL No: _____

Address: _____

AMOUNT PAID _____

☐ MONEY ORDER # _____ ☐ CHECK # _____ ☐ CC Auth # _____

ANY DEPARTMENT RECOMMENDING DENIAL OF THE APPLICATION MUST ATTACH WRITTEN JUSTIFICATION FOR DENIAL AND FORWARD APPLICATION TO THE DEVELOPMENT SERVICES REP.

Development Services Rep. ☐ Complete _____
Comments _____ Date _____

Records Clerk ☐ Requirements Met ☐ Recommended Denial _____
Comments _____ Date _____

Detective ☐ Requirements Met ☐ Recommended Denial _____
Comments _____ Date _____